

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024843

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 160
FILED JUN 10 1963

Primary Registration District No. 3029

Registrar's No. 90

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CRYSTAL CITY		c. CITY OR TOWN CRYSTAL CITY, MO.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PITTSBURGH PLATE GLASS CO.		d. STREET ADDRESS (If outside, give location) 304 SEVENTH ST.	
3. NAME OF DECEASED (Type or print) First EDWARD Middle PHILLIP Last BAUR		4. DATE OF DEATH Month JUNE Day 10 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-19-05
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GLASS WORKER		10b. KIND OF BUSINESS OR INDUSTRY GLASS FACTORY	11. BIRTHPLACE (City and state or country) DESOTO, MO
13a. FATHER'S NAME JOHN BAUR		13b. MOTHER'S MAIDEN NAME MARGARET CHRIST	14. NAME OF DECEASED OR WIFE MARIE B. BAUR
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO		16. SOCIAL SECURITY NO. 440	17. INFORMANT MARIE B. BAUR, CRYSTAL CITY, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Immediate: Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Previous attacks of Coronary Thrombosis 14 yrs. DUE TO (c) Coronary arteriosclerosis 14 yrs.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) -----			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) -----			
20c. TIME OF INJURY Hour --- Month, Day, Year ---		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -----		20f. CITY, TOWN, OR LOCATION COUNTY --- STATE ---	
21. I attended the deceased from Sept. 27, 1936 to June 10, 1963 and last saw him alive on May 13, 1963 Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John F. Rutledge (Degree or title) M.D.		22b. ADDRESS Manns Bldg., Eastus, Mo.	
22c. DATE SIGNED 6/11/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) 6-14-63		23b. DATE 6-14-63	
23c. NAME OF CEMETERY OR CREMATOR SACRED HEART		23d. LOCATION (City, town, or county) CRYSTAL CITY MO.	
24. FUNERAL DIRECTOR James R. Cady ADDRESS CRYSTAL CITY, MO.		25. DATE RECD. BY LOCAL REG. 6-12-63	
26. REGISTRAR'S SIGNATURE James A. Fisher			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUL 8 1961

AUG 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James Richard Cady

Licensed Embalmer No. 4309

P. O. Address CRYSTAL CITY, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.